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Bib Data Sheet

CONFIRMATION NO. 7415

|  |   |                               |   |  |
|--|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>09/745,285   | <b>FILING DATE</b><br>12/21/2000<br><b>RULE</b>   | <b>CLASS</b><br>606           | <b>GROUP ART UNIT</b><br>3739   | <b>ATTORNEY DOCKET NO.</b><br>24430.13 |
| <b>APPLICANTS</b><br>Rudolph W. Frey, Orlando, FL;<br>James H. Burkhalter, Orlando, FL;<br>Gary P. Gray, Orlando, FL;<br>Neil Zepkin, Casselberry, FL;<br>George Richard Downes JR., Orlando, FL;<br>John E. McWhirter, Orlando, FL;   |   |                               |   |  |
| <b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A CON OF 09/376,133 08/17/1999<br>WHICH IS A CON OF 08/232,615 04/25/1994 PAT 5,980,513   |   |                               |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br><i>New for</i>   |   |                               |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/23/2001</b>   |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance <i>h</i><br>Verification and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>FL | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>48              |
| <b>INDEPENDENT CLAIMS</b><br>32  |   |                               |   |  |
| <b>ADDRESS</b><br>Auzville Jackson, Jr.<br>8652 Rio Grande Road<br>Richmond, VA 23229  |   |                               |   |  |
| <b>TITLE</b><br>Flying spot laser ablation method  |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>3664   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |